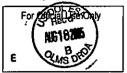
U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From					
1 / 1 / 2004 Through 12 / 31 / 2004					
4 Name file number and address of labor organization					
Name IN/KY Regional Council of-Carpenters					
Labor Organization File Number 060-114					
P O Box Building and Room Number if any					
Street 2635 Madison Avenue					
City Indianapolis					
State Indiana ZIP Code + 4 46225					
r					
derived income or other economic benefit of ion represents or is actively seeking to represent 7 a Nature of Interest, Transaction or Income					
7 b Amount.					
, Signature					
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)					
On 08/12/2005 317-783-1391 Telephone Number					

Name of Person Filing David Tharp	File Number U					
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name if any)	9 Business deals with					
Name Allegiant Asset Management	(57)					
Trade Name If any	a Labor Organization					
P O Box Bldg Room No If any	b Trust					
Street 1900 East Ninth Street	c Employer					
City Cleveland						
State Oh10 ZIP Code + 4 44114						
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing					
Name	Banking and Investments					
Trade Name If any						
P O Box Bldg Room No If any						
Street						
City	11 b Approximate dollar value of such dealing					
State ZIP Code + 4	12 a Nature of interest held or income received Meeting to discuss investments					
	12 b Amount \$135					
-C-Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment					
Name						
Trade Name If any						
PO Box Bldg Room No If any						
Street						
City						
State ZIP Code + 4						
13 b. Is the Business an Employer or Consultant 2	14 b Amount of payment					

Name of Person Filing David Tharp	File Number U					
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or prectly to or otherwise					
8 Name and address of Business (including trade name if any) Name Stewart C Miller & Co Inc Trade Name if any PO Box Bidg Room No if any Street 2111 West Lincoln Highway City Merrillville	9 Business deals with a Labor Organization b Trust c Employer					
State Indiana ZIP Code + 4 46410						
10 If 9 b or 9 c is checked give trust or employer's name Name Northwest Pension Fund Trade Name if any PO Box, Bldg Room No if any Street 2111 West Lincoln Highway City Merrillville State Indiana ZIP Code + 4 46410	11 a Nature of such dealing Third party administrators 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Christmas gift/popcorn					
	12 b Amount \$31					
-C-Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.					

Name of Person Filing David Tharp		File Number U	·			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
Name In/KyReg Council Carpenters training program Trade Name if any PO Box Bldg Room No if any Street 760 North Union Street City Hobart State Indiana ZIP Code + 4 46342 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any PO Box, Bldg Room No if any	9 Business deals with X a Labor Organization	~ <u></u>				
Street	144 b. A					
City	11 b Approximate dollar valu					
State ZIP Code + 4	12 a Nature of interest hel					
	12 b Amount		\$60			
C-Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money						
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.					
Name			TT 940.00.00.00.00.00.00.00.00.00.00.00.00.0			
Trade Name If any						
PO Box Bldg Room No If any						
Street						
City						
* International Control of the Contr			1			
State ZIP Code + 4			 			
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment.					